



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90047 031 ****50.00

| | | | | | |
|--|---------|---------------------------------|---|---|--|
| DOCUMENT # L05000015194 1. Entity Name LPL RESOURCES, LLC | | | |  | |
| Principal Place of Business 673 LAKEWOOD CIRCLE WEST DELRAY BEACH, FL 33445 | | | Mailing Address 673 LAKEWOOD CIRCLE WEST DELRAY BEACH, FL 33445 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| TRINLEY, PAUL T ESQ 1675 PALM BEACH LAKES BLVD. STE. 700 WEST PALM BEACH, FL 33401 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| STREET ADDRESS | | | NAME | Larry P. Levin 673 Lakewood Cir. W. Delray Beach FL 33445-4315 | |
| CITY-ST-ZIP | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | NAME | | |
| CITY-ST-ZIP | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| STREET ADDRESS | | | NAME | | |
| CITY-ST-ZIP | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | Larry P. Levin | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date</small> 4/28/06 <small>Daytime Phone #</small> 561-865-0331 | | |